

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-032082

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. \_\_\_\_\_ Registrar's No. 110

**FILED AUG 29 1962**

1. PLACE OF DEATH a. COUNTY <b>Putnam</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Putnam</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Unionville</b>		c. CITY OR TOWN <b>Unionville</b>	
Length of stay in lb <b>76 years</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1322 Union Street</b>		d. STREET ADDRESS (If outside, give location) <b>1322 Union Street</b>	
3. NAME OF DECEASED (Type or print) First <b>Omer</b> Middle <b>Charles</b> Last <b>Paul</b>		4. DATE OF DEATH Month <b>August</b> Day <b>22</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-17-1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm (retired)</b>	9. AGE (last birthday) <b>83</b>
11a. FATHER'S NAME <b>William Paul</b>		11b. MOTHER'S MAIDEN NAME <b>Eva Ellis</b>	9. AGE (last birthday) <b>83</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Leo Paul Memphis, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Degenerative Myocarditis 2 Months</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerosis &amp; Hypertension &amp; Benign</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>2 Months</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <b>May 24-62</b> to <b>Aug 22-62</b> and last saw her alive on <b>Aug 22-62</b> Death occurred at <b>4:40 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <b>Chas L. Judd</b>		22b. ADDRESS <b>Unionville, Missouri</b>	
22c. DATE SIGNED <b>8-23-62</b>		22d. DATE RECD. BY LOCAL REG. <b>8-23-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 24 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Unionville Cemetery</b>		23d. LOCATION (City, town, or county) <b>Unionville, Missouri</b>	
24. FUNERAL DIRECTOR <b>Comstock Funeral Home</b>		25. REGISTRAR'S SIGNATURE <b>Marvell Durbin</b>	
24. ADDRESS <b>Unionville, Mo.</b>		25. REGISTRAR'S SIGNATURE <b>Marvell Durbin</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 0860  
2 0860  
3  
4 0  
5 1  
6  
7 1  
8 2  
9 443X  
10  
11  
12 90-2  
13 1-0

AMENDED

VS 300  
Rev. 4/59

1 0860  
2 0860  
3  
4 0  
5 1  
6  
7 1  
8 2  
9 443X  
10  
11  
12 90-2  
13 1-0

AMENDED

VS 300  
Rev. 4/59

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James W. Constock*

Licensed Embalmer No. 4187

P. O. Address

Unionville, Ma.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.